

Inrebic (fedratinib)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Inrebic (fedratinib)	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Inrebic (fedratinib) may be approved if the following criteria are met:

- I. Individual is 18 years of age or older; **AND**
- II. Individual has a diagnosis of intermediate-2 or high-risk primary or secondary (post-polycythemia vera or post-essential thrombocythemia) myelofibrosis.

Note:

Inrebic (fedratinib) has a black box warning for serious and fatal encephalopathy, including Wernicke's.

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2020. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: April 16, 2020.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Inrebic (fedratinib) capsules for oral use [Package Insert]. Summit, NJ. Celgene; 2019.
5. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2020; Updated periodically.
6. NCCN Clinical Practice Guidelines in Oncology™. © 2020 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Updated periodically. Accessed on April 16, 2020.
 - a. Myeloproliferative Neoplasms. V3.2019. Revised September 4, 2019.